

**PERMIT APPLICATION FOR  
 COMMON CARRIER OF PROPERTY  
 Excluding Household Goods**

1300 South Evergreen Park Drive SW  
 PO Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 Fax: 360-586-1181  
 Email: [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)  
 Website: [www.utc.wa.gov](http://www.utc.wa.gov)

Intrastate Common Carriers hauling general commodities (excluding household goods) must apply for and receive a permit from the commission prior to conducting hauling-for-hire in the state of Washington. Household Goods carriers and Freight Brokers require a different application.

**DEFINITIONS**

- **UNIFIED BUSINESS IDENTIFIER (UBI) NUMBER:** Companies hauling for-hire within Washington must have a UBI number from the [Business License Services](#); (800) 451-7985. If you are a Corporation or Limited Liability Company, you also must be registered with the [Washington Secretary of State's](#) office; (360) 725-0377.
- **LEGAL NAME:** The legal name must be an individual, partnership, corporation, or limited liability company (LLC) and must be the **SAME** as registered under your UBI number, the name associated with your USDOT number, and your proof of insurance. If you are a corporation or limited liability company, the name must also match as registered with the Secretary of State's office.
- **TRADE NAME(s):** List trade name(s), if any, you intend to operate under other than your legal name. All trade name(s) must be registered under your UBI number.
- **USDOT NUMBER - Intrastate:** Any applicant operating a vehicle or a vehicle trailer combination with a GVWR of 16,001 pounds or more, or any applicant hauling hazardous materials requiring a placard, must obtain a USDOT number, as required by the Washington State Patrol (WSP). You may apply for a USDOT number online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or for assistance call WSP at (360) 596-3812 or the FMCSA at (360) 753-9875.
- **HAZARDOUS MATERIALS:** Fill out the supplemental Hazardous Materials Safety Fitness Survey.

**CONTACTS FOR ADDITIONAL ASSISTANCE**

Vehicle licenses, Titles, Registrations	WA Dept of Licensing	(360) 902-3770	<a href="http://www.dol.wa.gov">www.dol.wa.gov</a>
Commercial driver's licenses (CDL), Medical waivers	WA Dept of Licensing	(360) 902-3619	<a href="http://www.dol.wa.gov">www.dol.wa.gov</a>
Prorate, IRP, Reciprocity IFTA, Fuel bonds, Fuel permits, Fuel tax	WA Dept of Licensing	(360) 664-1858	<a href="http://www.dol.wa.gov">www.dol.wa.gov</a>
Oversize and overweight permits, log tolerance	WA Dept of Transportation	(360) 704-6340	<a href="http://www.wsdot.wa.gov">www.wsdot.wa.gov</a>
Commercial vehicle size and weight, Driver and equipment safety, Hazardous material regulations, Ports of entry, Scales	Washington State Patrol	(360) 596-3800	<a href="http://www.wsp.wa.gov">www.wsp.wa.gov</a>

## TYPE OF PAYMENT

**NOTE: A convenience fee of 2.5% (minimum fee of \$3.95) is charged by Official Payments for processing credit card payments.**

☐ Check    ☐ Money Order

Amount: \$ \_\_\_\_\_

☐ Discover    ☐ MasterCard    ☐ Visa

CCV# \_\_\_\_\_

Expiration Date: \_\_\_\_\_

(three digit code on back of card)

Credit Card number:

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CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Company Name: \_\_\_\_\_

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

If paying by credit card, you may fax your application to 360-586-1181 or scan to  
[transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

**APPLICATION FOR PERMIT**  
**Intrastate Common Carrier Operating Authority**  
(excluding Household Goods)

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**  
**1300 S Evergreen Park Dr. SW, PO Box 47250, Olympia, WA 98504-7250**  
Telephone: (360) 664-1222 – Fax: (360) 586-1181 – Email: [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

<i>FOR OFFICIAL USE ONLY</i>	Employee	CC#
Reception Number	Insurance	Carrier ID#
111-0268-200-02		

**TYPE OF APPLICATION**

Defined in [WAC 480-14-040](#)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES ONLY</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b> (Complete Supplementary Hazardous Materials Safety Survey)
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b> (Complete Supplementary Hazardous Materials Safety Survey)	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b> (Complete Supplementary Hazardous Materials Safety Survey)
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b> (Complete Supplementary Hazardous Materials Safety Survey)	

**MOTOR CARRIER IDENTIFICATION**

Legal Name (see definitions pg. 1): \_\_\_\_\_

Trade Name(s), dba(s), if any: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business (Mailing) Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Unified Business Identifier Number (UBI): \_\_\_\_\_

USDOT: \_\_\_\_\_

**OR**

Check ☐

if under 16,001 GVW

## INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable insurance is received

<input type="checkbox"/> <b>GVWR of Less than 10,000 pounds:</b> <ul style="list-style-type: none"> <li>You will not haul hazardous materials in any quantity.</li> <li>You must obtain \$300,000 in Public Liability and Property Damage Insurance.</li> </ul>	<p><b>To prevent delay, please attach a <i>temporary</i> Certificate of Liability from your insurance company.</b> Your insurance company must provide a Form E within 60 days.</p> <p>Applicants must have their insurance company file proof of liability and property damage insurance covering each vehicle used under the permit.</p> <ul style="list-style-type: none"> <li>➤ <b>The name on the insurance must match your company's legal name <u>exactly</u>.</b></li> <li>➤ Proof of insurance must be on either a uniform motor carrier bodily injury property damage liability certificate of insurance (<b>FORM E</b>) or a Certificate of Liability.</li> <li>➤ <b><u>The Certificate of Liability must show the Washington Utilities &amp; Transportation Commission as the Certificate Holder.</u></b></li> <li>➤ A Certificate of Liability is effective for <b>60 days</b>. Your insurance company must file the required <b>FORM E within 60 days</b> otherwise your permit will be cancelled.</li> </ul>
<input type="checkbox"/> <b>GVWR of more than 10,000 pounds:</b> <ul style="list-style-type: none"> <li>You will not haul hazardous materials in any quantity.</li> <li>You must obtain \$750,000 in Public Liability and Property Damage Insurance.</li> </ul>	
<input type="checkbox"/> <b>Hazardous Materials (\$1,000,000)</b> <ul style="list-style-type: none"> <li>You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance.</li> <li>You must complete Part B, Sections 1 and 2.</li> </ul>	
<input type="checkbox"/> <b>Hazardous Materials (\$5,000,000)</b> <ul style="list-style-type: none"> <li>You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance.</li> <li>You must complete Part B, Sections 1 and 2.</li> </ul>	

### TYPE OF BUSINESS

Check the type of business. If other than INDIVIDUAL, list the names of all shareholders, partners, or members and their percentage of interest in the company.

☐ Individual      ☐ Partnership      ☐ Corporation      ☐ Limited Liability Company

State of Incorporation: \_\_\_\_\_

NAME

TITLE

Stock Distribution or % of Owned Shares


### TRANSFER OF PERMIT NUMBER

Complete this section **ONLY** if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: \_\_\_\_\_

Permit Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of current permit holder

\_\_\_\_\_  
Date

### SIGNATURE

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is issued by the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Once issued, you must keep a copy of your permit in your vehicle.**